ED 173

REV. 7/03

C.G.S. 10-145 C.G.S. 10-145d, P.A. 03-168 Regs. 10-145d-418

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification P.O. Box 150471 – Room 243 Hartford, CT 06115-0471



www.state.ct.us/sde

APPLICATION FOR TEMPORARY AUTHORIZATION FOR A MINOR ASSIGNMENT

PART I: PERSONAL INFORMATION (Print all informat	ion in dark ink and in uppercase letters.)
LAST NAME	
FIRST NAME	MI GENDER (M/F)
SOCIAL SECURITY NUMBER	BIRTH DATE (Month-Day-Year) – Required
ADDRESS (Street)	(Apt #)
(City)	
	FORMER LAST NAME(S)
(State) (Zip Code)	
PHONE (Home) (Work)	Race/Ethnicity 1. Native American 2. Asian/Pacific Islander 3. Black (Optional) 4. White 5. Hispanic
E-MAIL ADDRESS	
1. Have you ever been convicted of any crime, excluding minor traffic vio	lations? YES NO
2. Have you ever been dismissed for cause from any position?	YES NO
3. Have you ever surrendered a professional certificate, license, permit or c (including, but not limited to, an education credential); had one revoked annulled, invalidated, rejected or denied for cause; or been the subject of adverse or disciplinary credential action?	l, suspended,

NOTE: If you answer "YES" to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit **official** copies of court or administrative record(s), including disposition of each case.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.

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PART II: APPLICANT ATTESTATION

I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

I understand that to obtain a reissuance of a Temporary Authorization for semester hours of credit in the area requested.	a Minor Assignment I will need to complete an additional six (6)	
ORIGINAL SIGNATURE OF APPLICANT	DATE:	
PART III: EMPLOYING AGENT'S REQUEST (m	nust be completed by the superintendent)	
NOTE: The number of instructional periods per day for the mino periods of the primary assignment. The area of the minor assignment		
I hereby request a Temporary Authorization for a Minor Assignment assignment, the teacher will be assigned in the indicated area.	ent for the applicant. In addition to the primary teaching	
Endorsement area requested for minor assignment:		
Check box if a bilingual endorsement is sought in the above	endorsement area.	
Number of periods per day for minor assignment:		
Grade level of minor assignment:		
School year for minor assignment:		
Number of periods per day for primary assignment:		
Primary teaching assignment and endorsement(s) held:		
I am requesting one of the following Issuance Re	issuance (See Note)	
The applicant has earned at least 12 semester hours of college	e credit in the subject/field indicated above.	
Official transcripts are attached.		
NOTE: Regulations provide for only one reissuance of a Temporan additional six (6) semester hours of credit in the area requested renewal period, the candidate must qualify for and obtain the endo	I. I understand that on or before the expiration date of this	
PART IV: EMPLOYING AGENT'S SIGNATURE		
Signature of Superintendent/Exec. Dir./Designee (Original signature, no stamps accepted)	Date	
Typed or Printed Name of Person Signing Above	Title	
District	() Telephone Number	
Street City Zin Code	F-Mail Address	

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INSTRUCTIONS TO APPLICATION FOR TEMPORARY AUTHORIZATION FOR A MINOR ASSIGNMENT

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Applicant:					
	a. Complete Parts I and II.				
	b. Attach official transcript(s), signed and sealed by the registrar(s), indicating the completion of a minimum of 12 semester hours of credit in the requested area.				
	c. Return completed application to the superintendent of schools.				
Employing Agent:					
	 a. Parts III and IV are to be completed and signed by the superintendent of schools, executive director or designee. 				
 b. Return the completed application, attachments and checklist to the Bureau of Educator Preparation and Certification. 					
KEY TO ENDORSEMENT CODES					
010	Business, 7 – 12	047	Technology Education, Pre-K – 12		
015	English, $7-12$	049	Music, Pre-K – 12		
018	French, 7 – 12	055	Partially Sighted, Pre-K – 12		
020	Italian, 7 – 12	057	Hearing Impaired, Pre-K – 12		
021	Latin, $7-12$	059	Blind, Pre-K – 12		
022	Russian, $7-12$	062	School Library Media Specialist		
023	Spanish, $7-12$	089	Marketing Education, 7 – 12		
024	Other World Language, 7 – 12	101	World Language Instructor, Elementary		
026	History & Social Studies, 7 – 12	102	Remedial Reading & Remedial Language Arts, 1 – 12		
029	Mathematics, 7 – 12	104	Cooperative Work Education/Diversified Occupations		
030	Biology, 7 – 12	111	Teaching English to Speakers of Other Languages		
031	Chemistry, $7 - 12$	215	(TESOL), Pre-K – 12		
032	Physics, 7 – 12	215	English, Middle School		
033	Earth Science, 7 – 12	226	History & Social Studies, Middle School		
034 040	General Science, 7 – 12	229 230	Mathematics, Middle School		
040	Agriculture, Pre-K – 12	230	Biology, Middle School		
041	Vocational Agriculture, 7 – 12	231	Chemistry, Middle School		
042	Art, Pre-K – 12 Health, Pre-K – 12	232	Physics, Middle School Earth Science, Middle School		
043	Physical Education, Pre-K – 12	233	General Science, Middle School		
045	Home Economics, Pre-K – 12	235	Integrated Science, Middle School		